



# SCOTTSDALE AIRPORT AERONAUTICAL BUSINESS PERMIT

(Required to conduct commercial aeronautical activity on the airport)

## Business or activity to be conducted (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Aircraft Charter Services                                    | <input type="checkbox"/> Aircraft Washing Service         |
| <input type="checkbox"/> Aircraft Leasing or Rental Services                          | <input type="checkbox"/> Hangar/Shade Leasing Services    |
| <input type="checkbox"/> Aircraft Maintenance and Repair Services                     | <input type="checkbox"/> Flight Training Services         |
| <input type="checkbox"/> Aircraft Management  | <input type="checkbox"/> Fixed Base Operator              |
| <input type="checkbox"/> Aircraft Sales Services                                      | <input type="checkbox"/> On-Airport Rental Car Concession |
| <input type="checkbox"/> Aircraft Mobile Maintenance and Repair Services              |   |
| <input type="checkbox"/> Specialized Aircraft Repair Services (list service) _____    |   |
| <input type="checkbox"/> Specialized Commercial Flying Services (list services) _____ |   |
| <input type="checkbox"/> Other _____  |   |

*These activities are limited to the airport by ordinance. Please refer to the Airport Minimum Operating Standards for further information on each type of business.*

Applicant: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (work): \_\_\_\_\_ (fax): \_\_\_\_\_ (emergency): \_\_\_\_\_

Email Address: \_\_\_\_\_

*The Applicant hereby requests the above action(s) from the city for the privilege of conducting commercial aeronautical activities on the airport and/or in the airpark, and in consideration of this request being granted agrees to the following:*

- ✦ **FEE PAYMENT:** The Applicant agrees to pay all applicable monthly fees on time by the twentieth (20) day of each month, and all required fee including late fees, interest and penalties without deduction of any kind.
- ✦ **PERMIT LIMITATIONS:** This permit may not be assigned or transferred, and is limited to only the approved business activity listed above.
- ✦ **INFORMATION CHANGES:** The Applicant shall notify the Airport Administration Office in writing within fifteen (15) days of any change to the information provided on this form.
- ✦ **INDEMNIFICATION:** The Applicant shall indemnify the city pursuant to Chapter 5 of the Scottsdale Revised Code.
- ✦ **COMPLIANCE WITH THE LAW:** The Applicant shall comply with all applicable laws, ordinances, rules and regulations.

*The undersigned representative certifies he/she is authorized to sign for the business and acknowledges receipt of a copy of this permit.*

Authorized Representative's Signature

Date signed

Return Original To: 15000 North Airport Drive, Suite 200, Scottsdale, AZ 85260

\*\*\*\*\* **Airport Administration Use Only** \*\*\*\*\*

*Indicate documents provided to applicant*

- |  |  |
|--|--|
| <input type="checkbox"/> City Code - Chapter Five            | <input type="checkbox"/> Airpark Minimum Operating Standards |
| <input type="checkbox"/> Airpark Rule and Regulations        | <input type="checkbox"/> Airport Wingspan Restriction Map    |
| <input type="checkbox"/> Airport Rules and Regulations       | <input type="checkbox"/> Receipt for Payment of Fees         |
| <input type="checkbox"/> Airport Minimum Operating Standards |  |

*Attach copies of applicable documents*

- |  |   |
|--|---|
| <input type="checkbox"/> Lease/License agreement       | <input type="checkbox"/> FAA Certificates               |
| <input type="checkbox"/> Sublease agreement            | <input type="checkbox"/> Certificates of Insurance      |
| <input type="checkbox"/> Airport Driver/Vehicle Permit | <input type="checkbox"/> Business/Privilege Tax License |

\*\*\*\*\*

**AIRPORT DIRECTOR'S COMMENTS**

---

---

---

---

Approved by

---

Airport Director (or designee)

Date signed

**AIRPORT ADVISORY COMMISSION'S COMMENTS**

---

---

---